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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J03234 (8)

1. Corporation Name
C.D. ORR ENTERPRISES, INC.

Principal Place of Business 367 ST. ARMANDS CIR. SARASOTA FL 34236 US	Mailing Address 367 ST. ARMANDS CIR. SARASOTA FL 34236 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/11/1986	3a. Date of Last Report 04/22/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2645106	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ORR, DONALD
367 ST ARMANDS CIR
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, DONALD	2. NAME	
STREET ADDRESS	367 ST. ARMANDS CIR	3. STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4. CITY - ST - ZIP	40000 1485704
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, CHRISTINE J.	22. NAME	05/12/95 01046 022
STREET ADDRESS	367 ST. ARMANDS CIR	23. STREET ADDRESS	***200.00 ***200.00
CITY - ST - ZIP	SARASOTA FL	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, ALISA	32. NAME	
STREET ADDRESS	367 ST ARMANDS CIR.	33. STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemptions stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this application is true and correct and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the receiver or trustee of its assets, or sworn to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with my address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCC 5-1-95